

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>3/14/05</u>		2 Serial/Patent # <u>08787,850</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
	Filing		\$							
	Amendment		\$							
	Extension of Time		\$							
	Notice of Appeal/Appeal		\$							
<input checked="" type="checkbox"/>	Petition	<u>PGW</u>	<u>11/14/01</u> \$ <u>1280</u>							
	Issue		\$							
	Cert of Correction/Terminal Disc.		\$							
	Maintenance		\$							
	Assignment		\$							
	Other		\$							
		7 TOTAL AMOUNT OF REFUND <u>\$1280</u>								
10 REASON:		8 TO BE REFUNDED BY:								
		Treasury Check								
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:							
	Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td>5</td><td>0</td><td>--</td><td>0</td><td>6</td><td>2</td><td>4</td> </tr> </table>	5	0	--	0	6	2	4
5	0	--	0	6	2	4				
<input checked="" type="checkbox"/>	No Fee Due (Explanation):									
<u>Petition not necessary</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>E. Larrone</u>		TITLE: <u>Pat Atty</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>23228</u>								
OFFICE: <u>4700</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY. *****										
APPROVED: <u>[Signature]</u>		DATE: <u>3/15/05</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B